

New Independent Party
5904 Moss Wood Lane
McLean, VA 22101-3300
newindependentparty.com

RECEIVED

2015 FEB -4 AM 8:35

FEC MAIL CENTER

January 30, 2015

Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463

Re: Annual Year End Report of Receipts and Disbursements (Form 3x); FEC ID Number:
C00508556

Dear Sir or Madam:

Attached please find the Annual Year End filing for Receipts and Disbursements for the New Independent Party.

If you have any questions, please contact me at 703-536-1799.

Sincerely,



Michael J. Barron
Executive Director and Treasurer

1-800-1-236-1749

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

440553-4 11 8:35
12FE4M5
FEC MAIL CENTER

New Independent Party

ADDRESS (number and street)

5904 Moss Wood Lane



Check if different
than previously
reported. (ACC)

Mechen

VA

22101-3300

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 00508556

3. IS THIS
REPORT



NEW
(N)

OR



AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:



April 15
Quarterly Report (Q1)



July 15
Quarterly Report (Q2)



October 15
Quarterly Report (Q3)



January 31
Year-End Report (YE)



July 31 Mid-Year
Report (Non-election
Year Only) (MY)



Termination Report
(TER)

(b) Monthly
Report
Due On:



Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)



Nov 20 (M11)
(Non-Election
Year Only)



Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)



Dec 20 (M12)
(Non-Election
Year Only)



Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

in the
State of

M M / D D / Y Y Y Y Y Y

(d) 30-Day
POST-Election
Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

in the
State of

M M / D D / Y Y Y Y Y Y

5. Covering Period

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

through

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Michael J Barron

Signature of Treasurer

Michael J Barron

Date

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only

FEC FORM 3X
Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

New Independent Party

Report Covering the Period:

From:

MM / DD / YYYY
11 / 24 / 2014

To:

MM / DD / YYYY
12 / 31 / 2014

**COLUMN A
This Period**

**COLUMN B
Calendar Year-to-Date**

6. (a) Cash on Hand
January 1,

2014

41533

- (b) Cash on Hand at
Beginning of Reporting Period.....

26633

- (c) Total Receipts (from Line 19)

000

000

- (d) Subtotal (add Lines 6(b) and
6(c) for Column A and Lines
6(a) and 6(c) for Column B)

26633

41533

7. Total Disbursements (from Line 31)

2695

17595

8. Cash on Hand at Close of
Reporting Period
(subtract Line 7 from Line 6(d))

23938

23938

9. Debts and Obligations Owed **TO**
the Committee (Itemize all on
Schedule C and/or Schedule D)

000

10. Debts and Obligations Owed **BY**
the Committee (Itemize all on
Schedule C and/or Schedule D)

000



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

21. Operating Expenditures:
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)
(i) Federal Share

0.000.0

0.000.0

- (ii) Non-Federal Share.....

0.000.0

0.000.0

- (b) Other Federal Operating Expenditures

0.000.0

0.000.0

- (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))

2.695

1.759.5

22. Transfers to Affiliated/Other Party Committees.....

23. Contributions to Federal Candidates/Committees and Other Political Committees.....

24. Independent Expenditures (use Schedule E)

25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....

26. Loan Repayments Made.....

27. Loans Made.....

28. Refunds of Contributions To:
(a) Individuals/Persons Other Than Political Committees

- (b) Political Party Committees

- (c) Other Political Committees (such as PACs).....

- (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....

29. Other Disbursements

30. Federal Election Activity (52 U.S.C. § 30101(20))

- (a) Allocated Federal Election Activity (from Schedule H6)

- (i) Federal Share

- (ii) "Levin" Share.....

- (b) Federal Election Activity Paid Entirely With Federal Funds

- (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....

31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..

2.695

1.759.5

32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....

2.695

1.759.5

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New Independent Party

Full Name (Last, First, Middle Initial)

A.

Virginia State Corporation Commission

Mailing Address

PO Box 1197

City

Richmond

State

VA

Zip Code

23218-1197

Purpose of Disbursement

Annual Registration Fee

Candidate Name

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 08 / 2014

Amount of Each Disbursement this Period

269.5

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

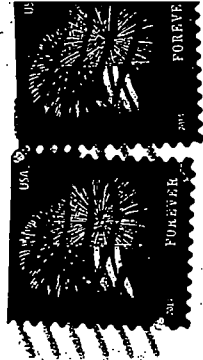
269.5

New Independent Party
c/o Michael J Barron
5904 Moss Wood Lane
McLean, VA 22101-3300

45511035110011

NO VA 220

31 JAN 2015 PM 2 L



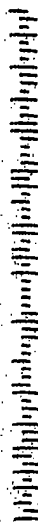
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Washington, D.C. 20463

20463



Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
 PREPARER	2/4/15 DATE PREPARED

(8/2013)